1. PLACE OF DEATH

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation.... 11. Industry or business 台 12. Name

13. Birthplace

14. Malden name.... 15. Birthplace

Address

Address

(Buriai, cremation, or removal, Which?)

18. Funeral director 200

(Date rec'd by registrar)

8. AGE:

How long in above place of death?....

How long in hospital or institution?....

Hospital, Institution, or street address where death occurred:

(If outside city or town limits write RURAL and give

6.(a) Single, married, widow

S.(c) If alive, give a

If less than

Days

(Town, connty, and state)

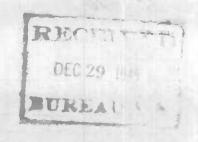
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93.1

#### CERTIFICATE OF DEATH

Reg. Diat. No.

	2. USUAL RESIDENCE (HOME (For newborn infants give residence		
v Tred	State Maryland	county Somers	X
nearest town)	City or town Range City or town I	President American Property of the Indian Pro	arest town)
	Street No.	givn LOCATION)	>======================================
***********************	2.(a) If veteran, name war	4	
: 10 .		3. (b) Social Security	Number
things	rome	0.(0) 0000	
, or divorced	MEDICAL	CERTIFICATION	
eved.	20. DATE OF DEATH.	Dec 20 1945	11/45 QV
thingho	21. I CERTIFY that death occurred on the dat		
year	re	.19 to	19
62	and that I last saw halive on		19
e day		• • • • • • • • • • • • • • • • • • •	DURATION
mlr	arlin Nel	Land	•••
4 4		•••••••••••••••••••••••••••••••••••••••	
X Ind,	Due to by seems	es	• • • • • • • • • • • • • • • • • • • •
20000.0000.00-00.00	Due to.		***************************************
	Dug 10		*
Lance	Other conditions		
	(Include pregnancy with	in 2 months of death)	
On Minnes	Major findings of nperations		
	Major findings of nperations		
lane-	Antopsy results		
T-0-/	PHYSICIAN: Please underline the cause t		statistically.
1919.	22. VIOLENCE: If death was due to externa	l causes, fill in the following;	
(day) (year)	Accident, suicide, or homicide	Date of	
etary	Where did injury occur?(City or to	wn) (Connty)	(State)
m ma	Injured at home, farm, Industry, public plac		
Dation	Means of injury	Injured at work?	
md	100	1	
	23. SIGNATURE I Samuel	4	or other
7507 M	Bellines E	Zenes dade signed.	12/22
TACK ISTIN	The Marie of the Control of the Cont		



The corre

INK. Supply every item of information carefully. The cans: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UN is especially important

PLEASE.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 56-90)

#### CERTIFICATE OF DEATH

12681 Rev. Dist. No. 265

	Keg. Dist. No.
1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nember) infants give residence of mother)
County	State Manyland, County Somuset
(If outside city or town limits, write RURAL and give nearest town)	Mr. all all
How long in above place of death?	City or town. (If outside city or town limits, write RUBAL and give nearest town)
Hospital institution, or street andress where really occurred:	Street No. M. Faurth St.
	(lf rural, give LOCATION)
How long to hospital or Institution?	2.(a) If veteran, name war
1001100 00wax	le Cattingham 3. (b) Social Security Number
4. Sex 5. Color or rape 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m C Single	20, DATE OF DEATH December 20, 145 14 A. M
8.(b) Name of hueband or wife	21. I CERTIFY that death occurred on the date above etated; that f attended deceased from
8 (a) If all you also one year	19
7. Birth date of second (monday vr.) (LUEUST 26, 1945	and that I tast saw halive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Daye   It less than one day	Immediate cause of death
3 25min	
may and former t md.	and
9. Birthplace (Town, county, end state)	Due to
1D. Usual occupation. Dune	
11. Industry or business	Due 10
12 Name Percy Lee Cuttingham	
12. Name Percy Lee Cuttingham  13. Birthplace marion . ma.	
	(Include pregnancy within 3 months of death)
14. Maiden name Durothea Craswell, 15. Birthplace Marion, md.	Major findings of operations.
Bran Lee Cattingle	Date of op.
16. Informant	Antopsy results
Address Creffeld, Ma.	22. VIOLENCE: tf death was due to external causes, fill in the following:
17 (Burial, cremation, ur removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mesley Family Buras La	Where did injury occur?
Incation marion and	Injured at home, farm, industry, public place (where?)
Manga Sel To Ochan	Meane of Injury Injured at work?
18. Funeral director Company of the	· Pullh
Address Crusfield MC.	23. SIGNATURE LE 2 Kalling MA/D.
19 / 720 /45 19 6. 6. 6 allus M.D	1. D. or other
(Date rec'd by registrar) Registra	Addrese Date signed



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

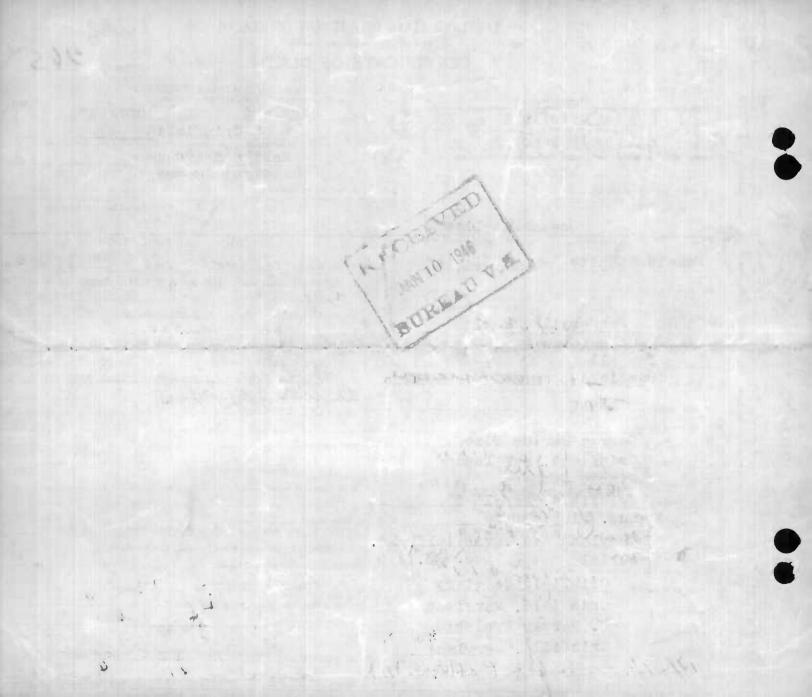
2411 N. Charles St., Baltimore 107

1408

#### CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DE		arget		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	Som		······································	State Maryland County Somerset
City or town(If	outside city or town	imits, write F	URAL and give nearest town)	
How long in above plac	e of death? 18	years		City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, o	r street address where	death occurred	d:	Street No. Maryland Avenue
		***************************************	••••••••••••••••••	(If rural, give LOCATION)
How long in hospital o	r Institution?		•••••••••••••••••••••••••	2.(a) If veteran, name war
3. (a) FULL NAM		ace Ma	ae Dize	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White		Single	2D. DATE OF DEATH December 2, 19 4 Jail 30 PM
& (b) Name of husband	or wife			21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
				December, 19 45 to December 21 19 4 5
7. Birth date of	<sub>yr.</sub> January	12	c) If allve, give ageyears	and that I last saw h. en alive on Alexander 2 1 19.4
deceased (mo., day, 8. AGE: Year		Days -	If less than one day	Immediate cause of death DURATION
O. Made.	255			deryguel Cuennoma
18		9	hrsmln.	assigning translial; 2 coeeks.
9. Birthplace Cr1	sfield-S	omerse	et-Maryland	Due to Phanufelile Cean
	(Town	, county, and	state)	Contraled ofrais ago
10. Usual occupation.	None	••••	***************************************	Due to Meula Meterrorsten
11. Industry or busine				
置 12. Name	George H Crisfiel	arlan	Dize	Other conditions
13. Birthplace	Crisfiel	d. Mai	yland	(Include pregnancy within 3 months of death)
Halden name	Minnie D	orman		
14. Malden name	Criafia	3 1/-	and and	Major findings of operations
≥   15. Birthplace	OLIBITAL	u. MBI	ATSUG	- Date of op.
16. Informant	Mrs. Min	nie D	Lze	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	Maryland	Ave.	Crisfield, Md.	
				72. VIULENCE: IT death was due to external causes, this in the tonowing;
(Burlal, crematio	Burial n, or removal. Which	Date thei	(month) (day) (year)	
			emetery	Where did injury occur?
Location			Maryland	Injured at home, tarm, Industry, public place (where?)
1B. Funeral director	H. Ha	rvey I	Bradshaw	Means of Injury Injured at work?
Address	Crisf	deld.	Maryland	Colina de Separallan
12/2/	1115	P. 4	P. Min m	23. SIGNATURE M. D. or other
19. (Date rec'd by r	egistrar)		Registrar	Address Childred Med Date signed 1 2/1/85.
(	-			



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 182

### CERTIFICATE OF DEATH

12683

OF DE	CEASED:
County	loner set
ts, wri	te RURAL and give nearest town)
ve LOC.	ATION)

1. PLACE OF DEATH. On MA RF.D.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town	State Waryland County Jones S. S.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Nathamil E. Drysla	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single married, widowed of divorced	MEDICAL CERTIFICATION
Male Colons origle	20. DATE OF DEATH. Bee 3/ 1971, at 3.30 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give ageyears	
7. Birth date of deceased (mo., day, yr.)	and that I last cam h
8. AGE: Years   Months   Days   If tess than one day	Immediate cause of death Colored Clasher DURATION
Q 1 3	
9. Birthplace Splen Car le Source, Md (Town, county, and state)	Due to.
1D. Usual occupation.	Due to
11. Industry or business	DUE TO.
12. Name Fred 1. A reger	Dther conditions
14. Maiden name Lucker  15. Birthpiace Warlald	(Include pregnancy within 5 months of death)
15. Birthpiace Marlal	Major fiadiogs of operations
18. Informant to 1. Anglew	Aotopsy results
Address Parages One Sud	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Chanel	(City or town) (County) (State)
Location Chance, Md	Injured at home, farm, industry, poblic place (where?)
18. Funeral director	Means of Injury Injured at work?
Address (/ Acromae Virginia	Me Me Son Hold

VS A15

PLEASE V

18. Oan. 2 (Date rec'd by registrar)

M L

M. D. or other

BURLAU VE

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

12684 Reg. Diat. No. 266 6a

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)
County Samurach	State Mary Land County Sommes to
City or town	M , ,
How long in above place of death? 57 nears	(If outside city or town limits, write RURAL and give necrest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME & Swarn 7. Evans	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	2B. DATE DF BEATH LOCK 9 19 4 2 at 10:30 Am
W 11 H	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	245 to Dec 9 1945
7. Birth date of	and that I last saw harman allive on ARRA Q 1944 6
deceased (mo., day, yr.) 7 86. 21 - 1857	Immediate cause of death Chromis Walantas Heart Stand DURATION
8. AGE: Years Months Days If less than one day	
58 9 23nin.	
9. Birthplace Tylertim 3 omerast Md (Town, coooty, and state)	Due to.
to. Usual occupation Waterman	
	Due to
11. Industry or business agricumum tre (robber	
12. Name Willie Ovans 13. Birtholace Sunny brook Va.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Henry Tylin Brans  15. Birthplace Lylerton Med	Major findings of operations
15. Birtholace · Lylertine Med	Major indings of operations.  Date of on.
MI SI M B	Autopsy results.
W 1 1 1 - 1	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.
Address Tylanton, Maryland	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremotion, or removal, Which?)  Date thereof LC. 12 1945  (month) (day) (year)	Accident, avicide, or homicide
	Where did injury occur? (City or town) (County) (State)
Location Tylerton Maryland	injured at home, tarm, industry, public place (where?)
18. Funeral director A. Danney Bradelians	Means of Injury Injured at work?
Address Prisfield Med	TIME 11,
1 11	23. SIGNATURE W.F. eabold M. D. or other
(Date ree'd by registrar)  (Date ree'd by registrar)  (Date ree'd by registrar)	Address Date signed 12 - 9 - 45
( Day 100 al 100	· · · · · · · · · · · · · · · · · · ·

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore (924) CERTIFICATE OF DEATH

12685266

rgi	CERTIFICAT	Reg. Dist. No. Asc.	
be supplied	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
00	County County County	State Trongland county Somersely	
	(If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:	City or town Ward	d No
refi		Street No	
d le	Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)	
an	Stay in this community (yrs., or mos., or days)	2(a) IF YETERAN, NAME WAR	
of information should carefully ses of death clearly and legibly.	3. (a) FULL NAME  Mary Jans Evrano	3. (b) Social Security N	umber
atio th	4. Sex   5. Color(or race   6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION	
form f dea	Female White widow	2D. DATE OF DEATH DECEMBER 1945	at 9:300m
of in	6 (b) Name of husband or wife Calab Illesting Evens.	21. I CERTIFY that death occurred on the date above stated; that I attended deceas	
cau	7. Birth date of	and that I last saw h & aalive on _ ABL ABL	1045
he	deceased (mo., day, yr.) Movi 10 1866	Immediate cause of death Chromic Valvular Heart	
Every item of write the causes	8. AGE: Years Months Days If less than one day	disrass	DURATION
e M			
please	9. Birthplace mith /s/and, Somer, Suff	Due to Caritraia gelerwais	
ans:	10. Usual occupation House usp	Due to Simility	
Sici	11. Industry or business		
Phy	13. Birtherace Inith Island Ind	Other conditions	
WITH UNFADING .	14. Malden name Julia Cim Tylth  Smith Ssland Find	(Include pregnancy within 3 months of death)  Major findings:	PHYSICIAN
ort	\$ 15. Birthplace Smith Island Fild	Df operations	Please underline the cause to which
. #	18. Informant Mrs Mabel Evans.		death should be charged statisti- cally.
	Address Entile And	Df autopsy	Cany.
PLAINLY, WITH C especially important.	(Burial, cremation, or removal. Which?)  Date thereof L. 23 /945  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide Date of	
ES ES	Cemetery or crematory ( W t) ( Cem et lux		
rrE ge i	Some the Saland and		(State)
SE WRITE correct age is	Location John a Bradshaw	Injured et home, farm, industry, public place (where?)	
SE	18. Funeral director		
PLEASE corr		23. SIGNATURE WAS EAROLD	
PE	18/2/23 (Tate rec'd by registrar) 1945 Carrie Hetchung Registrar	M. D. or	other 12 – 19 – 45



## 12686

#### 2411 N. Charles St., Baltimore

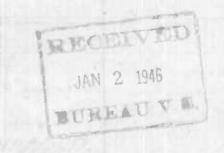
## CERTIFICATE OF DEATH

ic		D: .	N7	2	6.5	
	Raw	Dist	No	Service Control		

		TE OF DEATH	6
1. PLACE OF DEATH: Somerset County	, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	town)
3. (a) FULL NAME	S. Harrison	3. (b) Social Security Num	ober
4. Sex   5. Color or race   white	6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. Date Of Death. December 23,1945	11
02	Days It less than one day 30hrs		OUR
13. Birthplace M	nty, and state) fe home T. Ward d.	Oue to Other conditions (Include pregnancy within 3 months of death)	27
14. Malden name Eliza Md.  15. Birthplace Md.  16. Informant Mrs. Jame	Cullen s Bell	Major fiadiogs of operations.  Date of op.	
Address Crisfiel  17 Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Crisfi Location Crisfield, Howard H	Date thereof. 12/26/45 eld Cemetery (day) (year) Md Hubbard	PHYSICIAN: Please woderlioe the cause to which death shoold be charged state  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	tate)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0)

#### CERTIFICATE OF DEATH

Rog. Dist. No. 260

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Couoty  City or town (If outside city or town limits, write RURAL end give nearest town)  Street No. (If rural, give LOCATION)  2.(u) it veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or face 6.(a) Single, married, willowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH LIE 2 8 19 4 5 31 8 R
6.(6) Name of husband or wife  April 4 18 80.6.(c) It alive, give age 60 5 years  7. Birth date 6t	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one dayhrsmin.	Immediata cause of death DURATION Apperture Several Chrowin Merkeli - Grand
9. Birthplace. Zinkurin. (Town, county, and state)  10. Usuat occupation. January	Due to vers an unate of the
11. Industry or business  12. Name — Track Throngs Townshy  13. Birthplace Symunost Connersely	Other conditions
14. Malden name	(Include pregnancy within 3 months of death)  Majur findings of uperatious
16. Internal Prs. John Jarks	Autopsy results
Address / ncess / mne / d.  17	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cometery or crematory almo Huise Location near Princes and	Where did injury occur?
18. Funeral director	Means of Injury Injured at work?
Address  19 Dec. 30 45 R.H. Johnson, M.  (Date ree'd by registrar)  Registrar	23. SIGNATURE M. D. or other M. D. or other Address. Price Cere m. Date signed Dec 30, 4

(awo REGERVED JAN 3 1946 BUREAU V MOITARUS DURATION ically. .te)

## MARYLAND STATE DEPARTMENT OF HEALTH

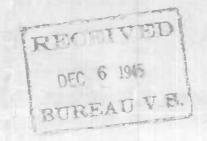
2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

	-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Agmesses	(For newborn infants/give residence of mother)
City or town	State County A OTHER SE
	(If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
nospital, institution, or street audress where death occurred:	Street No
	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John samuel Jones	
4. Sex 5. Color or race 6.(a) Single, marked, widowed, or divorced	MEDICAL CERTIFICATION
male Colored widower	20. DATE OF DEATH 19. 4 5, at 8 . HO 5M
man du la car	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	(9d: 10 19H), 10 Dec 126 1945
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Soft 10 - 1876	
8. AGE: Years   Months   Days   If less than one day	
19 2 20hrsmin.	Pahra Donnas Oitis 4th
	Chronic Jon Holand Tis Hears
9. Birthplace of runcest anne tomes to me	Due to
1D. Usual occupation	
10. Usual occupation	Due to
11. Industry or business	
12. Name William Jones  13. Birthplace - Langeret or had	Other conditions
\$ 13. Birthplace - Somegrat cor had	
	(Include pregnancy within 8 months of death)
14. Maiden name	Major fiadings of operations.
14. Maiden name	Date of op.
16. Informant Dead Collist	Autepsy results
4 7	PHYSICIAN: Please underline the cause to which death sheald be charged statistically.
Address Westeres Mai	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Bate thereof. Det. 7-1945 (month) (day) (year)	Accident, suicide, or homicide
dies in and	
Cemetery or crematory	Where did injury occur?
Location Thinks and Mis	Injured at home, farm, Industry, public place (where?)
18. Funeral director Bhas to Mara	Means of Injury Injured at work?
Address Maxim 1 And	E P M
7 - 11- 21 11 25	23. SIGNATURE Core J. Jan M. D. or other
Jec. 3, F3 M. N. Johnson, M. J.	7: 0 -0) 12 5 14
(Date rec'd by registrar) Registrar	Address Date signed /2 . 3 # 3

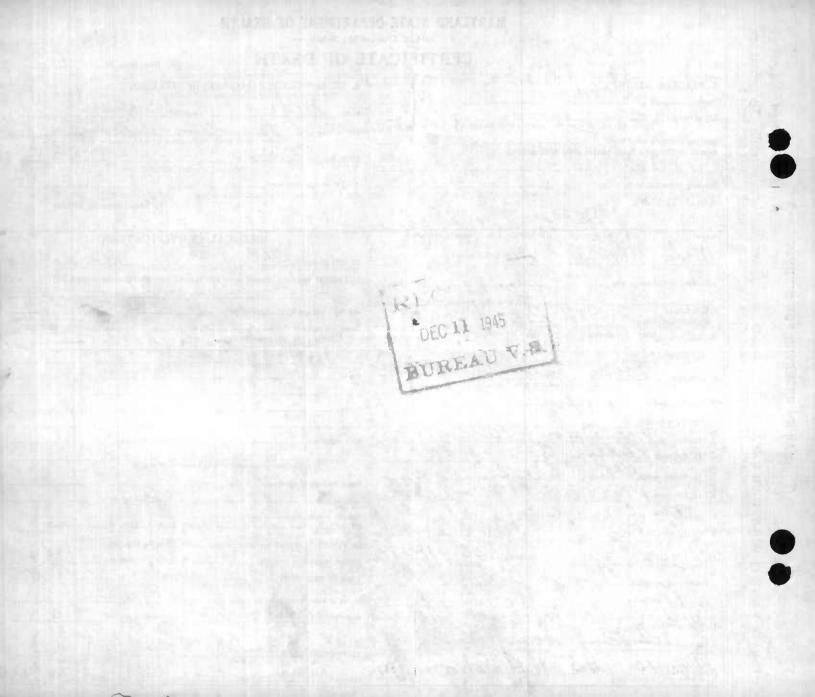
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

ARGIN RESERVED FOR BINDING



12689 Rog. Dist. No. 360

E OF DEATH	Reg. Dist. No	260
2. USUAL RESIDENCE (HOME (For newboru in ants give residence	E) OF DECEASED:	1
State	County	9
City or town 11f outside city or town	limits, write RURAL and give no	erest town)
Street No. 110 H (If rural,	give LOCATION)	. 474
2.(a) If veteran, name war		****************
	3. (b) Social Security	Number
A A A	CERTIFICATION	3.a.
21. I CERTIFY that death occurred on the dat		
	19, to	
and that I last saw hallve on		
Immediate cause of doth	1.0	DURATION
left this		*
Due toX		
Oue to		
Other conditions	***************************************	
Maghida magananga mithi	in 8 months of death)	
Major findings of operations		
melor unnuts or obermons	AFORD Date of op.	
Autopsy results	EXEMINOR	
PHYSICIAN: Please underline the cause t	to which death should be charged	statistically.
22. VIOLENCE: It death was due to externa	at causes, fill in the following:	-12/
Accident, suicide, or homiotos	meide Date of of	787
Where did injury occur? (City or to	Elegian, and	(State)
Injured at home, farm, industry, public place		
Means of Injury Short in the	Injured at work?	no
100	0	( ,



orrect a	FILM No. J.C	A JAN 11	1946
WITH-CNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly.	County	Crisf utside city or town lu of dealh?	ield lits, write RURA e eath occurred:
ormati	3. (a) FULL NAME		Henry L
of	4. Sex	5. Color or race	6.(a) Single, mar
of ses	male	white	ma
RESERVED FOR BINDING INK. Supply every item of cians: please write the causes	7. Birth date of deceased (mo., day, y	.) Oct.1	L, 1869
VED I	8. AGE: Years 76	Months	Days II
NK. SER	9. Birthptace	Crisfield (Town,	ounty, and state)
IN RE	19. Usuat occupation 11. Industry or business	Salesma Se	n
MARGIN SNFADING nt. Physic	12. Name	100 0 1000	H. Law
TTH-C mportar	14. Malden name	Md.	
9.45.1 WRITE PLAINLY, W	An Li Dalu	ie A. La Crisfield	wson
PLAI s espe	17. Bur (Burial, cremation,	ial or removal. Which?)	Date thereot
9.45.1		Asbury Crisf:	Cemete
F-7 -	Location	Howard H	. Hubba
A15	Address 306	Main St	

## Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH

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-	L	00	CF	.,	
Reg.	Diat.	No	2	6-	5
CEASE	D.				

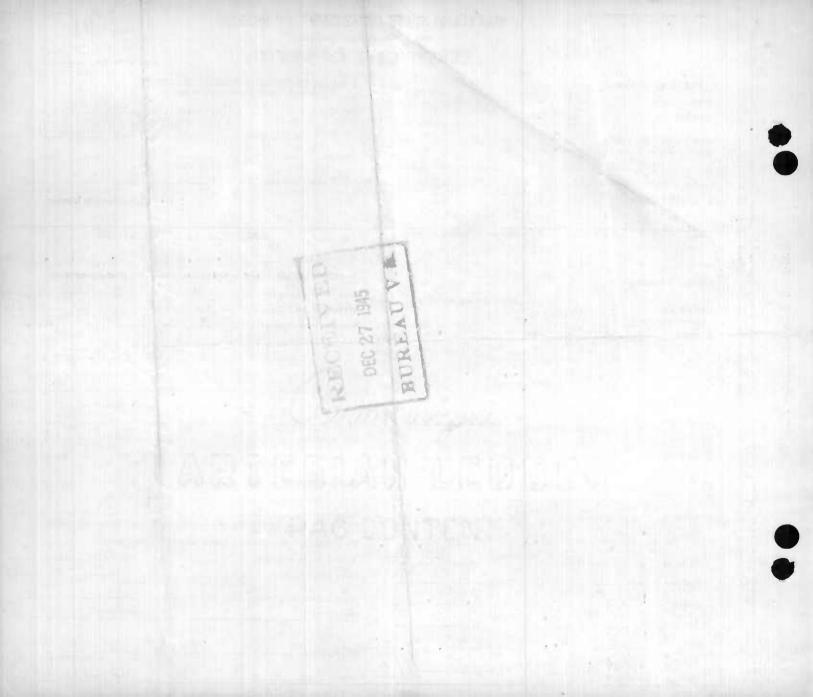
	s St., Baltimore 94a		
	E OF DEATH Reg. Diat. No. 265		
Crisfield  Crisfield  side city or town limits, write RURAL and give nearest town)  dealh? Life reet address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Somerset  State		
John Henry Lawson	3. (b) Social Security Number 218-14-2521		
5. Color or race 5.(a) Single, married, wildowed, or divorced white married	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec. 18, 1945 19 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10		
wife Sadie A. 47  5.(c) Hattve, give age 47  Oct.11,1869	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4.5 to 19. 4.5.  and that I last saw h 20. 20. 20. 20. 20. 20. 20. 20. 20. 20.		
Months Days If less than one day 2 8hrsmtm.	Immediate cause of death DURATION AV		
Crisfield, Md.  (Town, county, and state)  Salesman  Self  William H. Lawson  Md.  Caroline  Md.	Due to		
le A. Lawson Crisfield, Md.	Antopsy results  PHYSICIAN: Please underline the coase to which death should be charged statistically.		
Date thereof 12/20/45 (month) (day) (year) Asbury Cemetery Crisfield, Md. Howard H. Hubbard	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Main St. Crisfield, Md 45.9 6 E Calling MA Registrar	Address Co Address Co Date signed Log 20 1248		



### 2411 N. Charles St., Baltimore Bra

	TE OF DEATH  Reg. Dist. No.
1. PLACE OF DEATH: Some rset  County	City or town RFD Marion Station (If outside city or town limits, write RURAL and give nearest town)  RFD (If rural, give LOCATION)  2.(a) If veleran, name war
3.(a) FULL NAME Georgianna Long	3. (b) Social Security Number
4. Sex female 5. Color or race White Widow Widow Widow	MEDICAL CERTIFICATION  20. DATE OF DEATH. De C . 10 . 1945 19
8.(6) Name of husband or wife.  Alexander Long  8.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I sitended deceased from  19.45, 10.00000000000000000000000000000000000
8. AGE: Years Months Days II less than one day 9 3 6 25	Immediate cause of death OURATION  A Seeler
9. Birthplace	Due to Hanne Combine De Campa
11. Industry or business	Other conditions
Sarah R. Fletcher  14. Maiden name	(Include pregnancy within 8 months of death)  Major findings of sperations.  Date of op.
16. Informant Lilly Sterling  Address Mariners Rd. Cristical Mariner	PHYSICIAN: Please underline the cause in which death shanld be charged statistically.
Burial  Burial  Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director.  Address 306 Main St., Crisfield, Md.  19. (Dateree'd by registrer)  (Dateree'd by registrer)  Registrer	23. SIGNATURE Surge Doubles M. D. or other

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

12692

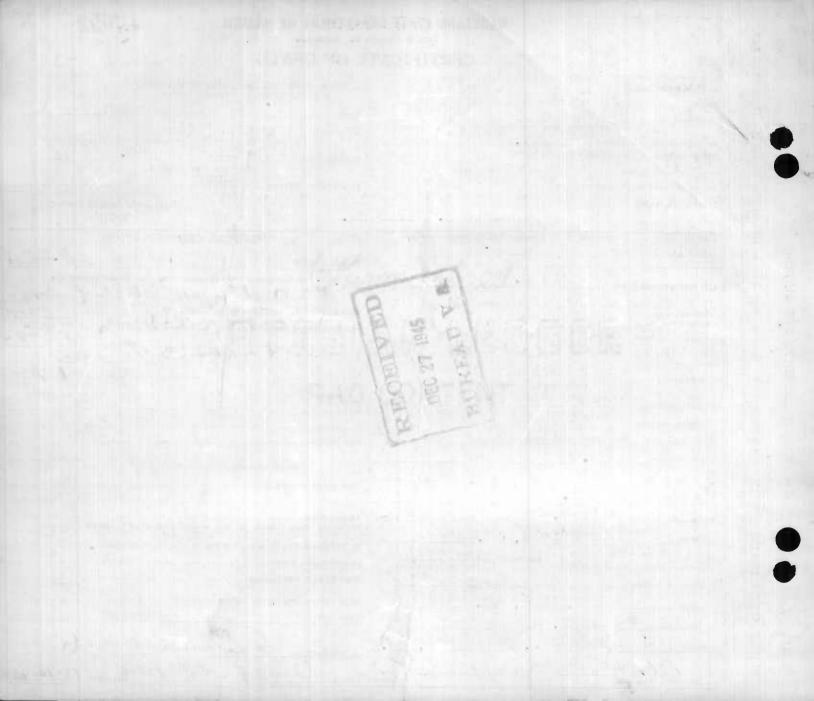
		01	-
		26	1
 D	W.T.	Garage Co.	

			CERTIFIC	ATE OF D	EATH	Reg. Dist. No.	265
1. PLACE OF DEATH:  County			City or town  Street No	Jacks O	county Somerset field immits, write RURAL and give nville Rd. give LOCATION) ne  3. (b) Social Securi	nearest town)	
			jamin S. Mil.	LS Sr.		non	e
4. Sex male	s. Color or race white		married, widowed, or divorced rie d	20. DATE DE DEAL		er 9,1945	4.35P.M
deceased (mo., day	yn) Febr	ie E.  Bary l	off alive, give age		at death occurred on the d	ate above stated; that I attended to 18.45 to DER	June 1945
8. AGE: Yea 82	rs montas	20	hrs.	min.	ntern	~ Seles	
9. Birthplace	Retired Penn James M Md.	eounty, and st Yard RR	inte)	Due to	of operations	thin 3 months of death)  Date of op.	
17(Burial, crematic	RFD Crisf rial on, or removal. Whiteh?) story	Date there unny I ield,  Hubl	of 12/11/45 (month) (day) (year Ridge	PHYSICIAN: PI  22. VIOLENCE: Accident, eulcide Where did injury  Injured at home, Means of injury	If death was due to extend	to which death should be char real causes, fill in the following;  Date of  town) (County)  ace (where?)  tnjured at work?  Leveller  M.  M.  M.  M.  M.  M.  M.  M.  M.  M	(State)
19. (Date rec'd by	/ 4-5 registrar)	c. E.	Galling ST	strur Address L	ensfr	Ke media sia	ned /17/0-417

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WITH UNF PLEASE WITE PLAINLY, WITH UNF is especially important.

VS A15

rect age



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

## CERTIFICATE OF DEATH

12693

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
P. T. MA	State manuarl county Someral
(If outside city or town limits, write RURAL and give nearest town)	9-1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Welliam 1. Pusey	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE OF DEATH DEC . 24 ch 196 V at M
8.(b) Name of husband or wife. Mary G. Pusey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.) Open 23 18 62	and that t last saw halive on
8. AGE: Yeara   Months   Days   It less than one day	Immediate cause of death. DURATION
83 8 1hrsmin.	Who firm
40.	
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	
12. Name tranks Persay  13. Birthplace Process Cine ma	Other conditions Comp Poelson D fee
\$ 13. Birthplace Princes of Come med.	- B D. Men and Will to a D
14. Malden name Andrown	(Include pregnagey within 3 months of death)
14. Malden name	Major findings of operations.
1 100 '	Date of op,
1B. Informant	Autopsy results
Address Tuceso alle mo	22. VIOLENCE: It death was due to external causes, till in the following:
(Burisi, cremation, or removal, Which?)  Date thereot (month) (day) (fear)	Accident, suicide, or homicide
PO AA O A	
	Where did injury occur? (City or town) (County) (State)
Location Therese Live 370	Injured al home, farm, industry, public place (where?)
18. Funeral director Daniel	Means of Injury Injured at work?
Address June md	C.V. T
Dec 28 45 KN Jalines m	23. SIGNATURE M. D. or other
(Date ree'd by region) Registrar	Address Date signed 1 2/21 - 14-
101 3.00	

RININED 14N 4 1946 BUREAU V.S.

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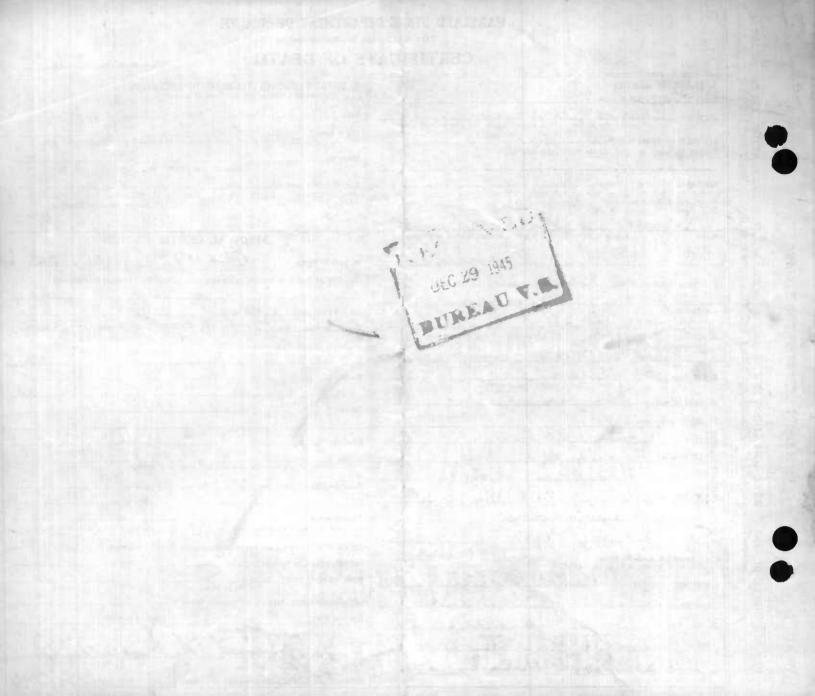
#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 13-

#### CERTIFICATE OF DEATH

12694 Reg. Dist. No. 268

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	0
Cily or lown (if outside city or town limits, write RURAL and give nearest town)	State Maryland county Somes	J-
(If outside city of town limits, write RURAL and give nearest town)  How long in above place of death?	Cily or town (If outside city or town limits, write RURAL and give nea	
How long in hospital or institution?	(If rural, give LOCATION)	
	2.(a) If veteran, name war.	•••••••••••
Frank C. Stocher	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M W married	20. DATE OF DEATH DER 17 19 CAS	aga "
8.(b) Name of husband or wife horis Stoiles	21. I CERTIFY that death occurred on the date above stated; that I attended decea	
7. Birth date of deceased (mo., day, yr.) Jeb. 28, 1915	and that I last saw h	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	Souration
9. Birthplace Sheffill Ta (Town, county, and state)	Due to	Slead
10. Usual occupation. Farmer	Due to	
11. Industry or business  12. Name Stollars  13. Birthplace	Other conditions	***************************************
14. Maiden name The Sea Stoiles	(Include pregnancy within 8 months of death)	
\$ 15. Birthplace Sheffield fa	Major findings of operations	
18. Informant Noses O Blockers	Autopsy results	
Address Chauce Tod.	PHYSICIAN: Please underline the caose to which death should he charged s	tatistically.
(Burial, cremation, or removal, Wbich?)  Date thereof (month) (day) (year)	-22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	•••••••
Cemetery or crematory Chance Cemetery	Where did injury occur?	(State)
Location thanks Mary and	Injured at home, farm, Industry, public place (where?)	***********************
18. Funeral director. Calabo Maskage	Means of Injury Injured at work?	50
Address Line ma.	23. SIGNATURE M. D. o	r other
(Date rec'd by registrar)	Addre Date signed.	12/17-41



## 2411 N. Charles St., Baltimore /7/2

CERTIFICATE OF DEATH

		51.	
all .		260	
Dan	Dist	No. 960	

County	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No
3. (a) FULL NAME Thomas	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Closed   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH 12/59 19.45 at 11,30 9 M
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that talked document from 19
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION  Due to Due to Duration
10. Usual occupation	Oue to
14. Maiden name Aerwetta Felghonson  15. Birthplace Princers Aure, and  18. Informant January Coll. A.	(Include pregnancy within 8 months of death)  Major fiadings of operations
Address  17.	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
18. Funeral director William James & Son Address Princess and many med	Means of injury 12/28/45 Injured at work?
19 Janu 1946 R. H. Jahasen, M. Dahasen, M. Dahasen, M. Registrar	Address Tree 2 M. D. or other Date signed 2/39/YJ

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A15 VS MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

12696

			,	7	1.	4	
Reg.	Dist.	No.		-	K		

1. PLACE OF DEATH: Somerset  County  Crisfield (If outside city or town limits, write RURAL and give neares  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	(If outside city or town limits, write RURAL and give nearest town)  Street No
3.(a) FULL NAME ISUAC J. Tyler	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single. married, widowed, or div	vorced  MEDICAL CERTIFICATION  Dec. 20, 1945  19
8.(6) Name of husband or wife	21. ICERTIFY that death occurred on the date above stated: that I affended deceased from
8. AGE: Years Months Days If less than one day 57 8 12hrs.	arrais mybraidile
9. Birthplace	Due to
Address RFD Crisfield, Md.  Burial Date thereof 12/2  (Burial, cremation, or removal, Which?) (month) (day American Legion Ceme  Cemetery or crematory Location Crisfield, Md.  Howard H. Hubbard  Address 306 Main St., Crisfield  19. (Date ree'd by registrar)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide



#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore Qua CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) How long in above place of death?.. Hospital, Institution, or street address where death occurred information care of death clearly How long in hospital or institution?..... 3. (a) FULL NAME BINDING MARGIN RESERVED FOR deceased (mo., day, yr.) Months 8. AGE: Years 10. Usual occupation. 11. indusiry or business 12. Name...... 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 14. Maiden name.5 Major findings of operations .... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Accident, sulcide, or homicide..... (Burial, cremation, or re Where did Injury occur? ...... Cemetery or crematory Injured at home, farm, Industry, public place (where?) ..... Meens of injury 18. Funeral director.

Registrar

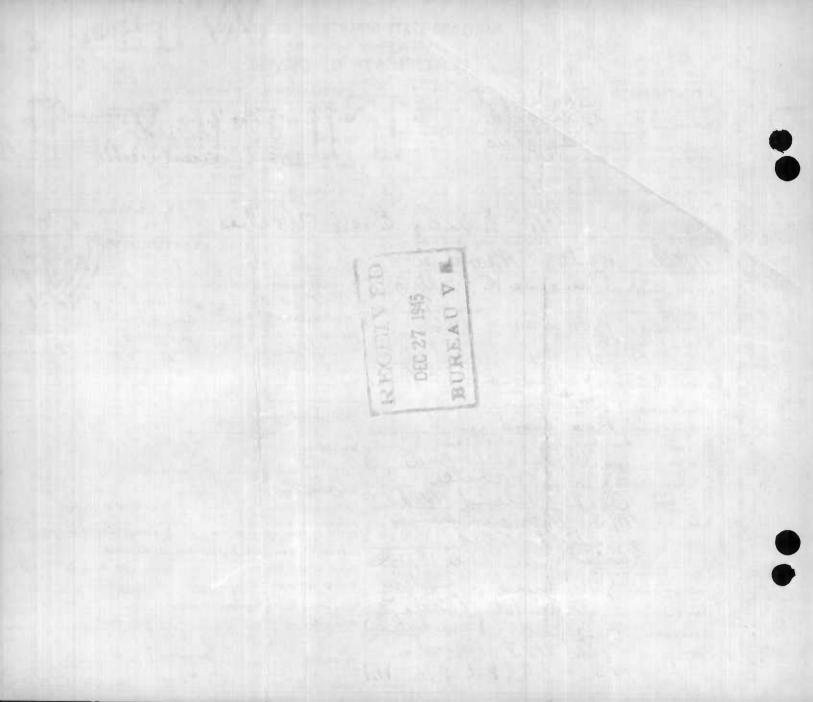
Address

(Date rec'd by registrar)

(If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION

22. VIOLENCE: If death was due to external causes, fill in the following:

M. D. or other .Dafe signed ... /Z-Address.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore by

### CERTIFICATE OF DEATH

12698,70

	Reg. Diat. No
1. PLACE OF DEATH Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Crisfield	State Md. Somerset
Olly or fown	Cristiald
ow long in above place of death?	
positat incitiation or street address where death occurred:	Ctendend and
McCready Memorial Hosp.	Street No.
McCready Memorial Hosp.	(If rural, give LOCATION) NO NE
	2.(a) If veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
Margaret Ellen Ward	
4. Sax 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white single	
Tomoto attroc	2D. DATE DF DEATH. Dec. 21, 1945
8.(b) Name of husband or wifa none	
	" Lee. 11. 1045 to Lan. 2/ 1043
	and that   last saw h Lta _ alive on
7. Birth date of deceased (mo., day, yr.) Nov. 28, 1945	
8. AGE: Years   Months   Days   If tess than one day	Immediate cause of death
0.7	Practice 5 day
	<u>In.</u>
9. Birthplace Crisfield (Town, county, and state)	Due to Catalogy
S. Birtnpiace	
10. Usual occupation none	
none	Due to
11. Industry or business  Howard Ward	
12. Name HOWAIU WAIU	Other conditions
Z 13. Birthplace Md.	(Include pregnancy within 3 months of death)
Fannie Landon	
	Major findings of operations
El 15. Birthplace Md .	Date of op
Howard Ward	Antopsy results
1B, tnformant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Standard Ave., Crisfield, Md.	an augustion of death and advantage of the following:
17. Birial Date thereof 12/22/45. (Burlal, cremation, or removal, Which?)	22, YIOLENCE: If death was due to external causes, this in the following,
17. Birial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	
Cemetery or crematory Sunny Ridge Cemetery	Where did injury occur?
Crisfield, Md.	
LOCATION	injured at home, farm, industry, public place (where?)
18. Funerat director. Howard H. Hubbard	Means of Injury Injured at work?
Address 306 Main St., Crisfield, Md.	23. SIGNATURE S. M. Pay tom M. D. or other
10/21/4Co 6. 8. 6 40/21/11	M. D. or other
(Date rec'd by registrar) Registra	ar Address Crip ald Med Date signed Loc 2)

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VS A15



Date signed 12

E OF DEATH	Reg. Dist. No	
2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)	
State	inty Some	set
	s, write RURAL and give near	
	, write ACCACAL and give near	est www.
Street No. (If rural, give	LOCATION)	
2.(a) It veteran, name war		
	3. (b) Social Security N	lumber
MEDICAL C	ERTIFICATION	
As a	201 115	162
2D. DATE DF DEATH	24 1945	
21. I CERTIFY that death occurred on the date abo	ove stated; that I attended decease	sed from
iS.	A	19
and that I last saw it		
Immediate cause of death		DURATION
Cerbral HE	worky	****************
Bue to	<u>(</u>	*****
Bue to		
DEC 10		***************************************
Dither conditions		\$4 0100\$ 0000\$ \$0 00 000 000 000 000 000
Diner conditions		,,.,.,
(Include pregnancy within 3	montha of death)	
Major fiadings of operations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Date of op	
Antopsy results		01.3
PHYSICIAN: Please underline the cause tu w	bich death should be charged s	tatistically.
22. VIOLENCE: If death was due to external cal		Tillie.
Accident, suicide, or homicide	Date of	
Where dld injury occur?(City or town)		(State)
Injured at home, farm, industry, public place (w	- C. F. CO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Meens of Injury	Injured at work?	1 0
SIGNATURE WEINSMICH	raplood	lus

(awo DEC 29 1945 BUREAU V.A. italy.

ADING INK. Supply every item of information carefully. The correct agreements: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF. is especially important.

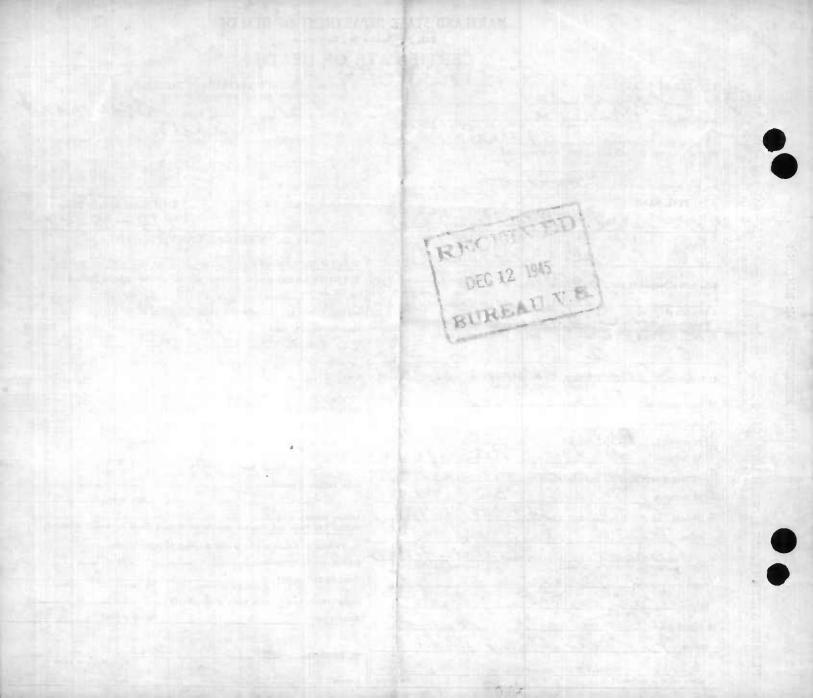
PLEASE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	MAN
City or town	
How long In above place of death? 59 UND.	(If outside city or town limits, write RURAL and give necrost town)
Hospital, lostitution, or streel address whore death occurred.	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If vetoran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
Council L. Whittington	214-03-5-850
4. Sex 5. Color or raco 6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
M Col. Married	20. DATE OF DEATH DEC 7 19.45 at 9 C M
6.(b) Name of Suspent of wife Estella It littington	21. I CERTIFY that doubt occurred on the date above stated; that I attended doceased from
55	Jam 19.45, 10 Dec 7 19.45.
7. Birth date of 7 Section 1997	and that I last saw h alive on DES 5
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Baya If loss than one day	a sut Del D Hent 2 aulo
07min.	Muny
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Farming	Due Charres Out respects
11. Industry or business	21 man 2.0. 2 Gra
	Other conditions and an analysis of the second
12. Name Philip Waittington  13. Birthplace Marien Station Md.	Office Control of the
14 Maiden name Harris Werris	(include pregnancy within 3 months of death)
15 ma. Sta Wad	Major findings of operations.
15. Birthplace / Mariau Sta, Ma.	Date of op.
16. Informant Co State of The S	Antopsy results
Address Marion Dla, Ma.	22. VfOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof Dec. 11, 1995	Accident, suicide, or homicide
(Burial, cremation, or removat. Which?)	Account colored or normalization
Cemotery or cromatory	Where did injury occur?
Location Location	Injured at home, farm, lodustry, public placo (where?)
18. Fueral director Charles H. Hard	Means of injury Injured at work?
Address Marines Story Med.	8
O / On	23. SIGNATURE M. D. or other
(Date ree'd by registrar)  (Date ree'd by registrar)  (Date ree'd by registrar)	Address marry of my Bala stand Lex. 8. 45



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VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

	12	7	11			
			2	6	5	
Reg.	Dist.	No.				• •

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County City or town	State Md County Somerse
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
	Street No
How tong to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Samuel Hezekinh Wir	lliams 3. (b) Social Security Number
4. Sex 5. Color or race 6.(u)Single, Married, widowed, or divorced	MEDICAL CERTIFICATION
male negro Widowal	20. DATE OF DEATH 2/ 19.43 - 1/ A
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of A	and that I last saw h. A. alive on the 2/ 1944.5
deceased (mo., day, yr.) arrey 29, 1886  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Mital Insufferency Deft. 1943
9 12 12	B4 2 AV
8. Birthplace (Town, county, and state)	Bue to
10. Usual occupation Objection Obegan	
11. Industry or business, Oyater Paglier	Due to
12, Name Seapyo Williams	Diher conditions
13. Birthplace Marion Jud	(Include pregnancy within 3 months of death)
14. Malden name Suffy anne Servett  15. Birthplace Crusheld W.C.	
15. Birthplace Cristicely Mil.	Major findings of operations
18. Informant Sully ange brand-	Autopsy results.
Address Crawield ml.	PHYSICIAN: Please underfine the cause to which death should be charged statistically.
1 1 9 91 10NG	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisi, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemefery or crematory Angelt and Company	Where did injury occur?
Location Christian Ital	Injured at home, farm, industry, public place (where?)
19. Funeral director Black H Wash	Means of Injury Injured at work?
Address Marion Md.	W. 93 arkley m. D.
12/11/45 B&P. 00, DO	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) Registra	Charles I was a second

JAN 2 1946 BURLAU V. N.

# VS A15

PLEASE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits) write RUKAL and give nearest town)	State Mary County Samuelat.
How long in above place of death?	(if outside city or town limits, write EURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	(in oduside city of town numes, write MONAL and give nearest town)
	Street Ho
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W walnued	20. DATE DE DEATH DEL 13 19 QUE at 9 Q M
Come White	
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Right date of	and that I last saw halive on
deceased (mo., day, yr.) March 15, 1873	Immediate cause of death Calendal Acles Acles ARATION
8. AGE: Years Mooths Days If tess than one day	
72 8 28nin.	Dans de la Constitución de la Co
11 0000	
9. 6irihplace Described States and	Due to
(Town, county, and state)	
10. Usual occupation Waterman + Parter	Bue to
11. Industry or business	
12. Name Claridae Western 13. Birthplace Design School md	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name mary Walster  15. Birthplace   Q.	(Include pregnancy within 8 months of death)
5 00000	Major findings of operations
\$ 15. Birthplace	
16. Informant marchant mason	Antopsy results.
That is that	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address MUT Denne ma	22. VIOLENCE: tf death was due to external causes, fill in the following;
17 Bures Bate thereof West 15 1945	를 위한 경기 전혀 있는 것이 없는 것이다. 그렇게 되었다면 없는 것이 없는 것이 없는 것이다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없
(Burial, cremption, or removal. Which?)  Date thereof (month) (day) fyear)	Accident, suicide, or homicide
Cemetery or crematory Cashara Cartary	Where did injury occur?
Location Mt Description	Injured at home, farm, Industry, public place (where?)
18. Funeral director Mala Washall	Means of Injury Injured at work?
Address Prenceso and ma	
X 15 117 AVITI M	23. SIGNATURE M. D. or other
10 Dec. 15, 1045 A.N. Nohn 504, M	D. CARROLL SOLVERS



2411 N. Charles St., Baltimore /75-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Samersal	"   Man   1   1   1   1   1   1   1   1   1
City or town	
	(If outside city or town limits write RURAL and give nearest town)
How long in above place of death?	
	Street No. 404 Lake Street (If rural, give LOCATION)
740	
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George D. Wright	no
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male aa married	20, DATE OF OEATH 12/26 1991 at 7,455 M
marginto to yell right	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife. Margazerila. N. Wught.	10
T. Birth date of	and that Hast saw hands the Un
deceased (mo., day, yr.) 4-10-20	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Broken hicket ocher
25 8 16hrs.	10. Dereon unurus
9 Birthologo Salisbury Wicomico Co, Maryland	Que to
9. Birthplace (Nown, county, and state)	4 OUC (4
10. Usuat occupation Student	
	Due to
11. Industry or business	
E 12. Name / Larian J. Wight	Other conditions
\$ 13. Birthplace Fruttand Maryland.	(Include pregnancy within 3 months of death)
14. Maiden name Cora Furnish  15. Birthplace Edon Maryland	
CA VM	Major fiadings of operations.
\$ 15. Birthplace Edan Maryland	Oale of op
16. Informant Mrs. Marquerete Wright	Antopsy results
Address 404 Lake Strait Salsbury Md.	
0, 0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide. Accident, suicide, or homicide.
mt P. O Co. t	Where did injury occur? A.M. (City or town) (Connty) (State)
die I luse	(charge)
Location Drivetland Wherey wet	
18 Europal director Jumes F. Stewart	Means of Injury (Laured at work?
OCOL ACACAL: MI	Arrang John St.
Address 4026, Church It Salsabury Id	23. SIGNATURE ALLEM Joufford 165
No 31 43 X. W. Johnson	M. B. of other
(Date rec'd by registrar)	ray Address Que Que 721 Date signed 71 1945

FOR BINDING MARGIN RESERVED

PLEASE

RECEIVED

JAN 3 1946

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